



The Division of Disability and Rehabilitative Services Quarterly Update

JANUARY 2012

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PERSONNEL

Nancy Zemaitis was named the Director of the Bureau of Rehabilitation Services (BRS), on November 14, 2011. Zemaitis is familiar with BRS having most recently served at the Co-Interim Director of BRS and Director of Policy and Planning. She has also held various program and supervisory positions within Vocational Rehabilitation Services. Zemaitis worked at the Indiana Department of Education as an Assistant Director within the Division of Exceptional Learners for a number of years as well. She has a B.S. in Vocational Rehabilitation from the University of Wisconsin-Stout and a Masters in Vocational Rehabilitation Administration from Southern Illinois University.

Kristina Blankenship joined DRS on Nov. 28 as Director of Project Management. Prior to joining DRS, Kristina worked abroad in the private sector including opening a wood recycling business in Cadiz, Spain. She also worked on several political campaigns and in administrations at the State and Federal levels and served as Special Assistant to Texas State Commissioner of Agriculture, Susan Combs and Special Assistant to the United States Secretary of Commerce Donald Evans in the Office of External Affairs. Kristina holds has Bachelor's degree from Indiana University - Purdue University in Indianapolis.

Celia Bartel is now a BDDS Waiver Specialist and Level of Care Reviewer.

Natasha Howard, BDDS Strategic Initiatives Liaison, will temporarily coordinate both the referrals to SGL providers and the duties of the ICF/MR Project Specialist.

WEB ADDITIONS

DDRS Waiver Manual 2011

DDRS has added a [Waiver Manual](#) to the website to use as a guide for the DDRS' Waiver program.

Provider Questions and Answers

Provider questions and answers from the October Quarterly Meetings are now posted on the BDDS web page under [Quarterly Provider Meetings](#). This page will be updated after each Quarterly Meeting once all questions are compiled and answered.

Waiver Journey

DDRS recently added the [Waiver Journey](#) to the website, which outlines how to apply for a waiver and the steps one goes through to receive services.

POLICY UPDATE

New Policy

The Sanctioning Committee policy was posted on [DDRS Draft Policies for Public Comment](#) page, on Dec. 14, 2011 and will be available for review until Jan 20, 2012.

Maintenance of Records of Services Provided Policy Effective December 16, 2011

As announced in the [January 2011 DDRS Quarterly Update](#), providers of Residential Habilitation and Support (RHS) and any component of day services – including Prevocational, Supported Employment Follow Along, Community Based Habilitation (Individual or Group), Facility Based Habilitation (Individual or Group) services - must submit monthly progress reports to the case manager for presentation and review by the Individualized Support Team (IST) at each team meeting.

The monthly summary reporting requirements specified within the new *Maintenance of Records of Services Provided Policy* are still applicable to providers of RHS and day services. Per the federally approved waiver applications, providers of Behavioral Support Services must provide summaries at least quarterly, or more often as determined by the IST.

STATE WIDE INITIATIVES

BDDS and VR Referrals

BDDS and VR have streamlined the referral process. For those individuals of working age BDDS now scans referrals directly to VR when individuals apply for services. In addition, VR contacts BDDS upon individuals applying for VR services so BDDS can confirm/complete eligibility prior to beginning supported employment services. There has been a steady increase in referrals to VR from BDDS. Referrals to and from VR are now being tracked in DART.

SEFA

SEFA work group was developed by VR with input from BDDS field staff. Proposed new SEFA forms were developed by VR to include additional information to better monitor the transition and follow-along process.

IPMG

IPMG is making final modifications to the case management training developed by the Bloomington group. Once completed, IPMG will begin training case managers at their district meetings as well as have the training available with a voice over for new case managers as they come on board or for existing case managers to use at any time.

SELN

On December 1, BDDS, VR, and members of the MIG employment workgroup met to begin developing a work plan for Indiana based off the findings and observations report from SELN's site visit. SELN will assist Indiana by providing technical assistance to carry out the goals outlined by the group. The next meeting is scheduled for January 12.

Children's Group Home MOU

A Memorandum of Understanding (MOU) is currently in development with the Department of Child Services (DCS). The MOU will address children's group home placements for wards of DCS who have an ID/DD and meet ICF/MR Level of Care. Further details will be available soon when the MOU is finalized.

AMENDMENTS

DD Waiver Second Amendment:

The DD Waiver Second Amendment has been approved by CMS with an effective date of October 1, 2011. Highlights of the Amendment include:

- The legislated requirement of accreditation has been added to the provider qualifications of all providers of day services
- Community Based Habilitation (Group), Facility Based Habilitation (Group), Prevocational, and Supported Employment Follow-Along service definitions have been modified replacing ratios with applicable group sizes
- Allowable Activities of service definitions have been relabeled as Reimbursable Activities
- The term Intellectual Disability has replaced prior references to mental retardation wherever possible
- Reimbursement is no longer granted under any waiver funded service for participation in Individualized Support Teams
- A new Emergency Placement reserved capacity priority criteria category has replaced categories previously titled:
 - Eligible individual in other setting whose health and welfare is threatened
 - Eligible individual with loss or incapacitation of the primary caregiver
 - Eligible individual with an aging primary caregiver

NOTE THAT INTERPRETIVE POLICY CLARIFICATIONS RELATED TO THIS NEW CATEGORY ARE FORTHCOMING

The 40-hour-per-week limit applicable to the delivery of Residential Habilitation and Support (RHS) service hours to an adult waiver participant by any combination of parents, step-parents and/or legal guardians of an adult waiver participant has been further modified. The 40-hour-per-week limit is now applicable to the delivery of RHS service hours to an adult waiver participant by *any combination of relatives** as defined within the federally approved waiver application. **The implementation date of this revision will be March 1, 2012.**

*Using Indiana Administrative Code **405 IAC 1-12-11 Allowable costs; services provided by parties related to provider** as the foundation, DDRS has established the following definition pertaining to a relative. Related/relative implies any of the following natural, adoptive and/or step relationships, whether by blood or by marriage, inclusive of half and/or in-law status:

1. Aunt (natural, step, adopted)
2. Brother (natural, step, half, adopted, in-law)
3. Child (natural, step, adopted)
4. First cousin (natural, step, adopted)
5. Grandchild (natural, step, adopted)
6. Grandparent (natural, step, adopted)
7. Parent (natural, step, adopted, in-law)
8. Sister (natural, step, half, adopted, in-law)
9. Spouse (husband or wife)
10. Uncle (natural, step, adopted)

Autism Waiver Amendment:

The Autism Waiver Amendment submitted to CMS at the end of 2011 mirrors the currently approved DD Waiver Second Amendment.

SUPERVISED GROUP LIVING

Level of Care (LOC)

Reminder - Level of care (LOC) is re-determined when significant changes occur. For example, changes to medical/ behavior/ supervision needs and findings of W197, W198, W407, etc. from ISDH will cause DDRS to perform a level of care review.

Referral Form

SGL Vacancy and Referral form has been revised and should now be submitted to Jeanette Siener on a regular monthly basis along with all SGL related questions. Jeanette.Siener@fssa.in.gov or 317-234-4736

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES

District Office Restructuring

On November 15, 2011 each District Office underwent a restructuring of its staff to further improve the efficiency and effectiveness of monitoring services of Hoosiers with Intellectual and Developmental Disabilities. A breakdown of the changes at each District Office can be found on the [DDRS Announcements](#) web page.

DDRS/BDDS Waiver Data

As of December 21, 2011, the unduplicated count of individuals on the waiting list for all three BDDS' Waivers is 19,613, eighty-five percent (85%) of whom are currently receiving other services through programs or agencies including First Steps, Medicaid, Department of Education, Department of Child Services, etc. The table below indicates the current numbers related to waitlist, targeted individuals, and those currently being served on each waiver.

	BDDS Waiting List	Individuals Targeted (2011)	Total Served
Developmental Disabilities Waiver	19,159	461	7,246
Support Services Waiver	13,034	503	5,029
Autism Waiver	5,594	213	494

New 450B Confirmation of Diagnosis Form

For the determination of ICF/MR Level of Care, federal and state regulations require a physician's confirmation that the individual has a qualifying diagnosis and that the individual's developmental disability/intellectual disability (DD/ID) condition manifested before the age of twenty-two (22). Previously, the same form used by physicians to evaluate an individual's placement in long-term care services was used as a confirmation of diagnosis. This form requires a physical examination, which is required for such placement, but not for obtaining the confirmation.

A new, simpler form has been created just for this purpose. State Form 5427 (11-11)/450B Confirmation of Diagnosis enables a physician to include primary, secondary, and tertiary diagnoses for individuals seeking Waiver services and Supervised Group Living placements.

Effective December 21, 2011, consumers who are undergoing ICF/MR Level of Care evaluation are instructed to take this form to their physician's office to be completed, printed, and signed by the physician. Physical examinations or appointments are not required. An electronic version of the new form may be found on [DDRS Forms](#) web page.

Employment First Initiative Updates 12/6/11

Bloomington- Training material, SEFA work group

The Bloomington group has finalized a PowerPoint training for case managers. Bloomington will reconvene to develop a general training for consumers, families, providers, educators and other individuals around the employment initiative. Once the general training material is finalized, the group will be working with DDRS on

rolling out the training in various formats. Various stakeholders are involved in the group including BDDS, VR, Indiana Department of Education (IDOE), IPMG, IIDC, and providers.

South Bend- Target transition students (increase by 40) Target individuals currently in services (increase by 20)

The South Bend group's proposal focuses on increasing referrals of students with developmental disabilities from the South Bend School Corporation through the next school year. They will also increase the amount of referrals of individuals currently in BDDS services by working with case managers as well as local employment providers including Logan Industries. The group has moved forward with the proposal and has begun meeting quarterly to ensure open communication, continued progress toward their goal and to identify and solve any problems that may arise. Participants include VR, BDDS, IPMG, IDOE, and providers.

Marion- Develop Transition Coalition, Revise IDT process

The Marion group is in the process of developing a transition coalition by working to identify potential members and meeting to discuss the details of collaboration between service providers and case management. The group met in late August to discuss issues, share information and brainstorm ways to improve outcomes.

A procedure for case managers to utilize with the IDT has also been developed and implemented that includes an Employment First approach at team meetings. Participants include VR, BDDS, IPMG, providers and self- advocates.

Evansville- Local Job Board, Letter to target wait list

The Evansville group has developed and is currently utilizing an electronic job board for local employment providers. Currently there are 10 providers participating in the job board. In addition, a letter has been developed to inform individuals currently on the wait list for services of VRS. The letter will be rolled out in phases. Participants include BDDS, VR, IPMG, providers, and the IDOE.

Kokomo- Survey for employment, Web Site

The Kokomo group has developed and begun using a survey for Employment. This survey will be conducted at transition meetings and quarterly case manager meetings to begin the discussion of community employment. The Kokomo group has also proposed a website that would allow individuals, teachers, administrators, DSPs, Employment Specialists, and potential employers access to interested employees. This website would serve as a bridge of communication opened up through identification of employment as a priority area. The group has requested permission to develop the website on their own with grant monies, and has requested once completed that DDERS post link to site on state web portal. Participants include representation from VR, BDDS, IPMG, providers, the Autism Society and IDOE.

BUREAU OF REHABILITATION SERVICES

Personnel

The Bureau of Rehabilitation Services would like to thank the internal hiring committee of FSSA as well as the State Personnel Department for approving a two phase plan to hire Vocational Rehabilitation Counselors and other key positions within BRS. The first phase will result in eight VRCs, one Area Supervisor, and, a 'double fill' for a Field Director position. At the time of this report, interviews are being held and positions are being filled. The second phase will result in seven additional VRCs.

Federal Fiscal Year 2011 Indicators

The Bureau of Rehabilitation Services (BRS), Vocational Rehabilitation Services (VRS) is measured against seven federal indicators. In Federal Fiscal Year 2011, VRS met four of the seven indicators. VRS improved performance from the prior year in two of the three indicators that were not met. Overall, VRS showed improved performance from the prior year in six of the seven indicators. See the chart below for the federal bar as well as the Indiana outcomes.

INDICATOR	10/1/09 – 9/30/10	10/1/10 – 9/30/11
1.1: Total Rehabilitations Equal to/Greater Than Previous Year	4,101	4,394
1.2: Rehabilitation Rate (55.8%)	59.25%	53.41%
1.3: Competitive Employment Outcomes (72.6%)	96.78%	97.56%
1.4: Percentage of People (Competitively Placed) With Significant Disability (62.4%)	72.13%	73.71%
1.5: Ratio of Ave. Hourly Wage (Competitive Rehabilitants) to Ave. Hourly Wage (All Employed Hoosiers) (.52)	.598 (\$11.33/ \$18.93)	.616 (\$11.37/ \$18.46)
1.6: Own Income Largest Source of Support at Close Compared to When Started Services (53.0)	42.92	48.43
2.1: Service Rate for Minorities (.80 – Ratio)	.74	.770

Transition from School to Work:

On November 30, 2011 the annual Indiana Project SEARCH meeting was held. Business Partners, Lead and other Job Coaches, Instructors/Teachers, Site VR Counselors, VR Supervisors and Region Managers, and Site Coordinators attended to celebrate the success of students with disabilities across the state who are involved in Project SEARCH. Indiana's national SEARCH liaison was in attendance as well and stated:

“I also appreciate the strong support from all of the VR personnel who were involved in the event...And, wow, what great accomplishments by the Indiana PS programs! It’s amazing to see so many of the partners come together for the day. This is one area in which Project SEARCH has made such great progress, and your programs exemplify the importance of collaboration. I’m sure that is why your outcomes are so good. Great work!”

Of the 73 recent Project SEARCH graduates (May 2011), 40 have obtained competitive employment (55% placement rate with the remaining graduates still actively engaged in their job search). Those 40 individuals have average hourly wages of \$8.75 and average weekly hours worked of 29. It should be noted that Project SEARCH participants are individuals with the most significant disabilities.

BUREAU OF QUALITY IMPROVEMENT SERVICES

Day Service Accreditation/Deemed Status

Effective January 1, 2012 all entities approved to provide any of the day habilitation services must be accredited by one of the following organizations:

- The Commission on Accreditation of Rehabilitation Facilities (CARF) ;
- The Council on Quality and Leadership In Supports for People with Disabilities;
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) ;
- National Committee for Quality Assurance;
- The ISO-9001 human services QA system;
- The Council on Accreditation
- An independent national accreditation organization approved by the secretary.

BQIS will not conduct compliance reviews (referred to as CERT reviews (Compliance Evaluation Review Tool)) on any service accredited by one of the above entities. When surveyors contact a provider to schedule a CERT review, the provider should communicate which of its services are accredited, and then email/fax the surveyor a copy of the accreditation entity’s letter and survey report. Be sure that either the accreditation entity’s letter or report lists the specific services that are considered accredited. BQIS will continue to conduct reviews on all services that are not accredited. Providers who deliver a combination of accredited/non-accredited services will receive a CERT review focused on only the non-accredited services.

Mortality Data and Recommendations

BQIS’s Mortality Review Committee (MRC) reviews deaths of all individuals who received DDRS-funded services and provides systemic and provider-specific recommendations to mitigate future deaths from occurring due to the same/similar circumstances. BQIS will post supporting data and systemic recommendations resulting from these reviews on a quarterly basis. While the mortality data presented on the [BQIS web page](#) may pertain to comorbid conditions that are not directly attributable to the cause of death, providers’ further examination is warranted as the risks involved with these conditions may have contributed to the cause of death. The expectation is for providers to increase its staff’s awareness of the issues discussed, and to identify and make necessary systems changes to prevent future deaths and other negative outcomes for individuals.

Compliance Evaluation Review Tool (CERT) Update

A summary of results and recommendations from reviews conducted through September 30, 2011 can be found on the [BQIS web page](#). The purpose of this information is for providers to assure alignment of their practices, procedures and files with the outlined regulations. Providers taking this approach will reduce organizational risk and facilitate a positive review process for those involved.

On October 1, 2011 BQIS started using an updated version of the CERT that takes into account the new DDRS policies issued over the past several months. The data posted here is the last update based on the initial version of the CERT. Data reported in the next quarterly communication will be from reviews conducted starting Oct 1 using the revised tool. The updated version of the CERT is available on the [BQIS web page](#).

FIRST STEPS

Over the calendar year 2011, First Steps, with the support of stakeholders, made great strides to meet programmatic and financial obligations. Staff and contractors worked diligently to implement program changes, while delivering quality services to young children. First Steps also implemented changes to insurance billing, allowing First Steps to bill carriers a monthly fee for early intervention services. For covered plans, it is expected that this type of billing will result in additional revenue and ease the billing process.